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ABSTRACT

Papers and materials contributed by four panelists are provided from a panel presentation. "Unlocking Potential in Gerontology" (Theodore W. Wischropp) explains the make-up and organization of two consortia involved in the aging projects in Kansas, briefly describes three federally funded grants, and addresses some issues from the community college perspective for building coalitions and working with four-year institutions. "Community College Perspective" (Doug Radohl) discusses the community colleges' view of the impact of university-assisted curriculum development in gerontology. "The ABC's of Rural Delivery Systems" (Joyce Hartmann) deals with methods of reaching people and lists components of the best delivery systems. Attachments include a summary of module development for gerontological curricula in community colleges and a price list of the modules. "Program Development and Marketing Strategies" (Wilma L. Kelley) describes program development at Hutchinson Community College, which included a survey of the health care community and development of a community task force. Components of the marketing strategy are also summarized. A list of gerontology courses offered at member community colleges of the Western Kansas Community Services Consortium, a needs survey, and handouts are attached. (YLB)

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"Unlocking Potential in Gerontology"

A panel presentation made at the National Adult Education Association
of the American Association for Adult and Continuing Education
November 7, 1985
Milwaukee, Wisconsin

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Wischropp

"UNLOCKING POTENTIAL IN GERONTOLOGY

I notice that many of the presentations have the terms "working together," "cooperation," and "coalition building" in their titles. Perhaps we should have included the latter term in the name of our presentation, but coalition building is not new to the educational institutions in Kansas that are participating in the projects which we will describe. We have been developing coalitions for quite some time and cooperation and working together have been ongoing phenomena, especially in the gerontology projects we will describe today.

I will explain the make-up and organization of the two consortia involved in the aging projects. I will briefly describe the three federally-funded grants. Finally, I will address some of the issues from the community college perspective for building coalitions and for working with four-year institutions in the administration of the two curriculum-building grants and one faculty development grant. I will be using a number of acronyms, so I will try to explain each one with what I hope will be a minimum amount of confusion.

The Western Kansas Community Services Consortium (WKCSC) is composed of Cloud County, Colby, Dodge City, Garden City, Hutchinson, Pratt, and Seward County Community Colleges and the Division of Continuing Education at Kansas State University in Manhattan. Its service area includes 57 of the 105 total Kansas counties.

The Consortium was organized in 1971 to expand community service programs and to increase effectiveness of individual institutions by combining forces, coordinating activities, and eliminating duplication.

Each college is represented by the Dean/Director of Continuing Education/ Community Services. The university is represented by the Director of Development in the Division of Continuing Education. Officers are elected from these representatives, serving without pay. Each representative has access to the resources and personnel of his/her own institution and receives travel time to attend monthly meetings, and each institution pays $1,000 annual dues to WKCSC.

An executive director is retained to write grants, direct projects, and perform other administrative functions. This position, presently full-time, varies according to program demands. The consortium has averaged 1 to 3 grants per year since its existence.

Another consortium which was very instrumental in carrying out the two projects that I will mention momentarily is the Kansas Gerontology Consortium (KGC) which is comprised of the Center for Aging at Kansas State University, the Gerontology Center at the University of Kansas, the Long Term Gerontological Care Center at the University of Kansas Medical Center, and the Gerontology Program at Washburn University in Topeka. This loose configuration of institutions continues to supply human and material resources to the WKCSC in the development of the gerontological curricula.

The Western Kansas Community Services Consortium has been and is involved with three projects dealing with the development of gerontological education. In 1983-84 WKCSC received a grant from the U.S. Department of Health and Human Services, Administration on Aging, to devleop gerontological curricula in a project called "Rural GEM: Gerontological Education Modules." The consortium also is collaborating with the Center for Aging at Kansas State University in a three-year grant from the Fund for the Improvement of Post-Secondary Education (FIPSE) for FY 1984 through FY 1986 in a project called "Rural AGE: Accessing Gerontological Education." Rural GEM developed short courses, special topics, and non-credit courses. Rural AGE is developing credit courses and sequential courses, which may evolve, and in many cases, are evolving into programmatic offerings in some of the community colleges. Both projects were closely related and each complimented the other in allowing us to carry out successfully the intent of the grants.

The third project, just funded by AoA, is entitled "RURAL Gerontology: Readying Underserved Regions for Academic Leadership in Gerontology." "RURAL Gerontology," an extension of Rural AGE, will allow us to provide faculty

development to the seven community colleges in the form of graduate training in gerontology. We will develop and offer a 9-12 credit hour curriculum in gerontology to 15-30 community college faculty.

The conceptual and philosophical basis for the AoA project is similar to that of the curriculum development activities funded through FIPSE. First, we are seeking to transfer expertise in gerontology from the university-based gerontology programs where such resources are typically concentrated to the community colleges serving rural populations in Kansas. Rural areas in states such as ours have a high demand for gerontological education and training but are generally underserved in terms of available resources. Since community colleges represent higher education in such areas, we stand a better chance of meeting needs for gerontological education and training by upgrading their indigenous resources.

Second, the activities of the FIPSE and AoA grants are intended to facilitate and enhance university-community college interaction regarding gerontological education and training activities.

In discussing the community college perspective, I speak as a continuing educator and not as a gerontological expert. Although I have worked for the past seven years at a land-grant university, I have nineteen years of community college teaching and administrative experience. Since coming to Kansas State, I have maintained a close contact with state community colleges and as I mentioned in the beginning, I represent the Division of Continuing Education on the WKCSC board.

In projects like these, there are a number of issues that must be addressed in order to establish an effective working relationship between the community colleges and the units at the university. Both of our projects were and are dependent on their success because of a clearly defined, cooperative, and trusting relationship among all of the participating institutions. A mutually beneficial working relationship does not happen automatically. Situations sometimes occur

where the four-year institution receives the grant along with the attendant glory and financial rewards and then expects the community colleges to do most of the work without tangible outcomes and rewards. I'm sure that such a situation does not occur in other states and that we are guilty of this occasional indiscretion only in Kansas. Nonetheless, since both of our projects were and are mutually intertwined and since the success of both are dependent on trust, confidence, and honesty, early discussions and negotiations centered upon each institution's expectations and outcomes.

From the community college perspective, there must be several considerations. In the case of the community colleges that comprise the consortium, the deans/directors were responding to perceived needs of their constituents. The demand to develop and offer credit and non-credit courses in gerontology was being heard from the nursing faculty, the sociology faculty, and service area clients. Another advantage was the human and financial resources that the grants made available to the two-year colleges from the four-year institutions. These resources helped with the development of the curricula. Another positive and practical outcome was the development of credit generating courses which translate to FTE which means additional state aid. The non-credit modules were also designed in such a way that by grouping or combining various topics, these classes had the potential to be converted to credit-type activities.

Another positive outcome for both the community colleges and the university is the relationships that have been established. The interaction and the tasks involved with these projects have been accomplished and are being accomplished as they were projected in the original grant proposals. But the cooperative relationship between the Center for Aging and the WKCSC in this case could very well serve as a catalyst and a mechanism for future projects. The same can be said for the relationship between the WKCSC and the Kansas Gerontology Consortium.

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We in the state of Kansas have not always utilized the talents and the supportive structures that exist between our two-year and four-year colleges in meeting the needs of our citizenry. Occasionally, we go off in different directions and end up reinventing the wheel in a duplicative and expensive effort.

In these gerontology projects community colleges benefit by becoming aware of the expertise and utilizing that expertise in a practical, productive manner. More importantly, they are able to respond to a perceived need in their communities. The results of the projects, the gerontological curricula, will continue beyond the lifetime of the project because income-generating, topical courses were developed. The faculty development activities will expedite the transfer of gerontological expertise from the university-based programs to the field-based community college programs.

An ongoing dialog among the participants started the process and continued or is continuing. This type of dialog can provide the impetus for future projects. A high level of trust and confidence is evident at all levels throughout the project. The projects also sensitized both groups into a better understanding and appreciation of each other.

As stated earlier, all of the positive benefits of this project did not happen without planning and effort. Every step of the process was weighed and nurtured and very little was left to chance. In any type of collaborative endeavor such as this I would urge you to consider all of the pluses and minuses no matter which groups are working together and no matter how many groups may be participating. There should be mutual and equal benefits. Those of you who have participated in cooperative agency relationships know this, but sometimes we become careless and forget that much planning and give and take must all be part of the process.

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Doug Radoh

SC

SEWARD COUNTY COMMUNITY COLLEGE

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COMMUNITY COLLEGE PERSPECTIVE

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Doug Rudolph

SC

SEWARD COUNTY COMMUNITY COLLEGE

C

COMMUNITY COLLEGE PERSPECTIVE

Introduction

Being a community college person among all the university personnel, I hope I'm not like the well-known government official here in Washington who was pacing up and down in a room at the hotel and was asked by a lady entering the room what he was doing there. "I am going to deliever a speech," he said. "Do you usually get very nervous before addressing a large audience?" she asked. "Nervous?" he replied. "No, I never get nervous." "In that case," demanded the lady, "what are you doing in the Ladies Room?"

The famous jurist, Oliver Wendell Holmes, once couldn't find his ticket when he boarded a train. As he rummaged through his pockets and bags, Holmes was recognized by the conductor who said, "Don't worry Justice Holmes, you don't need a ticket. Just send it to us later when you find it." Quite irritated, the Justice replied, "My dear sir, the problem is not, 'where is my ticket? the problem is, where am I going?' "

Without the aid of the universities and the Rural AGE Grant, this would definitely have been the problem many of the community colleges would have faced concerning Gerontology curriculum development. Through Kansas State University's Center for Aging and consultants from KSU, Kansas University and Washburn University, the universities provided direction for community colleges. We weren't just separate community college deans stumbling in the dark. What I am going to talk to you about today is the community colleges perspective on the impact of the university-assisted curriculum development in Gerontology.

Awareness

Perhaps most important of all, an awareness to the whole issue of Gerontology was given to some of the community colleges as a result of this project. Many of us were tinkering on the peripheral with some

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programs for the elderly or were providing courses for geriatric aides in nursing homes, but we were not meeting the total needs of the community. As a whole, we did not see Gerontology as a total picture. As a result of the partnership with the universities, we have been able to gain this awareness of not only what gerontology is all about, but also gain a better understanding of the aging process and the needs of the elderly.

Center for Aging's Assistance

Probably giving the biggest impetus and direction to the whole development of Gerontology in the community colleges was the Center for Aging at Kansas State University, It was their cooperation, support, encouragement and occasional prodding that challenged each community college to develop and implement a gerontology curriculum. In addition, the Center continued to provide support materials, keep the community colleges aware of happenings in gerontology, and familiarize them with human and material resources available. In addition, they encouraged the community colleges to become involved with gerontological associations and become members of such groups. They kept community colleges informed of other gerontology grant possibilities and encouraged them to work with Area Agencies on Aging. They provided resource fairs at our conferences held as part of the grants and continued to drive the community colleges toward their individual and collective goals.

Consultants

The universities provided consultants to aid us first in deciding which direction each community college was heading. We met with consultants in an initial conference held in Manhattan Kansas and was able to get input from several consultants on where to begin at our respective institutions. It was here relationships and linkages were developed between each of the community college teams and the gerontological faculty. Although the consultants had definite ideas, they allowed us to have individualized beginnings to meet the needs of each institution and their respective communities. It is interesting to note that although the beginnings were very different, the programs are showing many similarities in their

directions at this point. The consultants provided some needed expertise in helping the community colleges develop their first curricular offerings.

Throughout the fall 1983 semester, consultants and community college teams continued to work together to conceptualize, develop and implement a spring or summer gerontological course offering. This continued into the spring semester, and all the community colleges offered a class or module no later than the summer term.

In the second year, consultants were used to help the community colleges understand the process of curriculum development, set consortium-wide gerontology goals, continue developing gerontology courses, and increase gerontology content in traditional courses. They helped us to analyze our institution's offerings in gerontology and to look closer at the dimension of existing offerings in terms of core content areas of biological, psychological, and social aspects of aging. They taught us how to outline our curricula through scope and sequence charts.

At the year-two conference, part of the second day was designated as team sharing on Year One Rural Age courses and Rural GEM modules. It was exciting to see what was done individually as institutions concerning curriculum development; but it was almost breath-taking to see what was done as a consortium of seven community colleges. Personally, I was not looking forward to listening to what I thought was going to be a boring morning of show and tell. But as the morning unfolded, I was actually feeling chills up my back at the vast nature of curriculum developed. And to add to the beauty of the whole circumstance, community colleges can share with each other what was accomplished and not have to reinvent the wheel as a result of the consortium.

Material Resources

Another very definite advantage of the project was the accumulation of material resources for the community colleges. Gerontological videotapes produced by the universities on such topics as "Drug Use and the Older Person," "Physical Changes and the Older Adult," "Theories of Aging," "Human Sexuality and older Persons," and others were reproduced for each community college to use in their own way. Grant monies for other published materials, both printed materials as well as films, filmstrips,

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etc. provided many helpful resources to each institution.

Also, as a result of the grants, learning resource centers have been able to add several volumes of Gerontological materials. In the resource center at my institution, most of the previous materials pertaining to aging was outdated. These monies allowed us to update the gerontological collection to a degree. But it also encouraged us to direct some of our institutional money toward this subject area after the awareness was attained and the deficiency discovered.

In addition to material resources, the grants and the partnership provided money and direction for research, curriculum development, staff development, and experimentation in new course offerings.

Identification and Development of Local Expertise

As a result of Rural AGE and Rural GEM, some community college personnel develped an interest in gerontology and have either taken graduate credit gerontology courses, attended aging workshops, or attended national gerontological conferences and preconference workshops. As a consequence, they are developing an expertise, and they will be able either to instruct a future class or workshop or at least will incorporate more gerontological content into their regular classes.

Moreover, instructors, as well as the institutions as a whole are gaining a better understanding of aging, and have acquired insight and an interest in working with the elderly.

Gerontology is now recognized at the institutions by many more instructors. Before, they couldn't spell it or thought it had something to do with baby doctors; now, some are contacting us for resource materials which we in turn contact the universities for more assistance.

Also, as a result of the coalition with the universities, the community colleges have been able to identify those in our communities with expertise in gerontology. Nutritionists, doctors, nurses, ministers, nursing home administrators, physical fitness experts and others interested in the subject of aging have been identified and utilized already in classes or workshops in gerontology. Without the impetus from the coalition and the grants, many of these resources would have gone undiscovered.

Advisory Groups

Helping us to identify these local resources was the local gerontology advisory group. Advisory groups have played a big part in the development of gerontology curriculum at the community colleges. This came about as a result of KSU's Center for Aging's suggestion we form such groups to get community as well as college expertise and input for needs assessment and curriculum development. This was beneficial for many reasons. It provided community input, and it also helped us to identify those with an interest in gerontology and those with some expertise in it. Having advisory team members who work daily with the elderly helped keep enthusiasm for our projects and course development. Those team members could see how such a program would aid the elderly and their work with the elderly.

Suggestions for Improvement

Although Rural AGE and Rural GEM are extremely successful in the opinion of all the Deans involved, there is always room for improvement in any undertaking. Therefore, there were a few criticisms and suggestions for improvement.

First, one problem was there were a few consultants who we felt lacked a committment to the project in the first year. They did not pursue some things asked of them. This was a very small minority of consultants, however. Those consultants who carried over to the second year plus new ones showed much more committment and enthusiasm. There were also some deans or advisory teams who lacked this committment and enthusiasm also.

Second, some of the things covered in the year-two conference might have been helpful if presented in the first conference. For, example, presenting to us the ieght steps of curriculum development would have been good for us to better understand from the beginning some things to look for in developing courses.

Third, a problem which existed the first year but was solved in year two was who we could pay as consultants from the Rural AGE grant monies. At first, only consultants from the three universities in the Gerontology Consortium could be paid. In year two, money was shifted to each community college to use for curriculum development as we see fit. This allowed us to use other expertise as well as the Gerontology consortium of universities.

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One final suggestion might be that it would be helpful for community college deans and/or teams to visit the consultants and their programs at the three-member university consortium. This might allow the community colleges to get a better feel for what a total gerontology program is all about.

Obviously all that is being done at the University level would not be nor should not be donw at the community college level. But creating in the community colleges an awareness in gerontology will help us in turn to trigger this awareness in each of our communities. With this awareness plus some education in gerontology to the public, hopefully more of the needs of the elderly will be addressed and met.

Let me sum it up with a story. This project is kind of like the story of the magician (Center for Aging) who came to town to fix a soup for a hungry village (community colleges). He had a large pot brought to him and some water. In it, he put his magic stones (grant money, expertise of consultants, encouragement,etc). As he tasted it, he said, "Hmm, not bad, but it needs some salt(local expertise);" he tasted it again and said, "I think it needs some carrots(local resources);" and again he tasted the soup and suggested it needed some celery (enthusiasm). The magician continued in this manner until he had a most refreshing soup that feeds the entire village to their delight. Let us hope we can continue to make our soup until all the needs of the elderly are met.

"THE ABC'S OF RURAL DELIVERY SYSTEMS"

Part of a panel presentation:

"Unlocking Your Potential in Gerontology"

Presented Nov. 14, 1985, Milwaukee, AAACE Conference

by Joyce Hartmann, Executive Director

Western Kansas Community Services Consortium

1007 West 8th St., Pratt, KS 67124

By the year 2025 it is projected (Dept. of Health and Human Services) that one of every four Americans will be 65 or older. They presently number one in nine.

In Kansas we have already attained the one in four density in several of our WKCSC counties. Most elderly Kansans live in rural areas; the highest proportion of older Kansans live in small towns. Towns of 1,000 to 2,500 have 19.5% of their population over the age of 65. The next largest density (18.1%) is in towns of 2,500 to 10,000. Kansas ranks 8th among the 50 states in proportion of older people (65 or more). Other states with high densities are Florida, Arkansas, Rhode Island, Iowa, South Dakota, Missouri, and Nebraska (from 17.3% down to 13% in Kansas). One quarter of the nation's elderly live in California, New York, and Texas. (Ks. Dept. on Aging).

According to John Naisbitt's recent book Re-Inventing the Corporation, economics and demographics will encourage an estimated 100,000 older workers to come back into the work force each year...and America will need these workers. Companies who anticipate this need for older workers and set up model programs to accommodate them will reap great advantages.

Our Consortium recognized the need to provide courses dealing with aging for the general public, the elderly, and service providers to the elderly.

The problem was to get the exchange of gerontological expertise to WKCSC community colleges (map shown) in western Kansas, from the universities (map) in eastern Kansas.

In transferring expertise, (mailbox illustration) there is no such thing as "Rural Free Delivery". It is expensive.

However, an educational program is only as good as the people it reaches. This presentation will deal with methods of reaching people (title page): "The ABC's of Rural Delivery Systems"...tailored for my fellow right-brainers, and those who believe in the "Work Should Be Fun" ethic.

The first, and earliest method of delivery (Illustration A) is the centralized one: students going to the schoolhouse. This method is convenient for the school, not as much for the learners. For older rural people, an all-day or half-day event makes it more worth while for them; in cities older people will attend for shorter times. It helps to provide transportation.

The opposite (Illus. B) occurs when one teacher goes to each home. This is convenient for the learner, especially those who are bedfast, handicapped, or homebound for economic reasons. It is the least convenient for the educator and the most expensive.

A combination (Illus. C.) occurs when a teacher goes to outreach centers. Thisis more efficient, less expensive than B, for educators, and less expensive, more convenient for learners than A...a good compromise. We've had good luck with this system in adult basic education, where we use the satellite learning centers, and at Garden City, where one teacher used a van to teach regularly in public buildings at small towns.

Checking out home-study materials (illus. D) works well for self-motivated individuals, and those with a better education. This is very economical for a school...Hutchinson tried this for ABE programs, lower level education, in very small towns, and had little success. Highland Community College experienced greater success...we don't know why...perhaps more motivated, larger population base, or other factors. A variation could be pursued by checking out materials at malls, stores, churches, or other building where people congregate.

Involving everybody (illus. E) is efficient; the effect is geometrically proportional. We use this when we train the trainer, and is often used with volunteers or peers. It's excellent for the learner, who then becomes the teacher, because "you always learn more when you teach".

"Goin' fishin'", (illus. F) is a relaxed way of teaching, but you never know what you're going to catch. This involves courses by newspaper, radio, TV...it's fairly expensive for the school, because nobody wants to pay. It's convenient for the learner, and is a public relations activity for the college or private sector who sponsors the programs.

The grapevine (illus. G) involves a hookup with a teacher, by phone, or by telenet. We recently hooked up our ABE people, who presented an awareness program on services available, with a statewide network of social service agency staff who often dealt with our clients but didn't know where or how to refer them to us. We set up a referral system, provided a followup packet of materials and a 20-minute tape...we think this was very effective and economical...but dull to the learner, perhaps.

Subliminal (illus. S) learning is effective and economical. In a sex equity project entitled "Side by Side", we held a statewide art contest for pictures showing men and women in nontraditional work roles. We held a travleing art show of these female firefighters, astronauts, and U.S. presidents, and male nurturers and nurses, then hung the pictures in public places. We produced a slide/tape presentation of these works in a followup project entitled "Slide by Slide".

Way-out (illus. W) ideas are often fun and effective. In Iowa Conrad Dejardin is experiencing success with a takeoff on the conventional Tupperware parties. You've all been invited to these, and you go because a friend is having it in their home, and you say you won't buy anything, but a few weeks later, you have all these plastic things delivered to your door...He devised "Eduware", hiring a dynamic teacher to provide educational entertainment, programs, and door prizes...with followup enrollment.

The best systems are yours: (illus. Y) "Uncle" Sam needs you! I hope to hear some of your ideas later.

In summary, components of the best delivery systems have the following factors:

1. A warm human being
2. Uses combinations
3. Is informal
4. Is convenient to the learner
5. Involves marketing
6. Identifies needs and target audience
7. Is flexible, adaptable
8. Has a paid person who is responsible for $ and results
9. Uses creative, imaginative approaches

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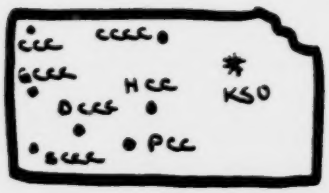
RURAL G.E.M.

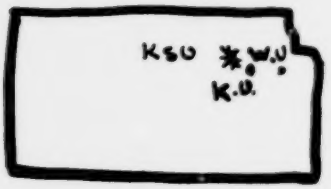
Gerontological Education Modules

A model for rural gerontological curricular development~

Gerontology Teams



Consultants, Experts



We celebrated this marriage with a conference ~

~ developing networks between and among consortia members.

Out of this union arose beautiful offsprings~

Non credit courses, aging conferences, seminars, workshops

Expansion of WKCSC and KGC

Modules, field-tested, replicable

Further needs identified. Further projects developed.

Alzheimer's, Home Health

Network continu in each cc, consorti + between both

SUMMARY OF MODULE DEVELOPMENT

In 1983-84 the Western Kansas Community Services Consortium (WKCSC) received a grant from the Administration on Aging to develop gerontological curricula in its member community colleges. In order to do this, WKCSC linked with the Kansas Gerontology Consortium (KGC).

WKCSC members are the Community Colleges of Pratt, Colby, Cloud County, Garden City, Seward County, Dodge City, Hutchinson; and Kansas State University. WGC members are the Kansas State University Center for Aging, Washburn University Gerontology Program, and Kansas University's Gerontology Center.

Each community college developed a gerontological team of 5 to 8 members, serving in an advisory multidisciplinary capacity, which met 5 to 8 times over the year to determine community needs and curricular content.

WGC provided consultants where needed, lending direction and an impetus toward goals.

We celebrated the marriage of WKCSC and WGC with a conference early in the year, bringing together all the teams and consultants. It was an effective mixer of people, ideas, and materials. At this time we chose the module format for some of our curricular implementation.

Each module contains a brief synopsis; a rationale; a list of useful and current resources; topics to cover within the broader module topic; student competencies gained after the module is taught; suggested presentation methods; and various teaching aids at the discretion of the author. They vary in length from 5 to 25 typed pages.

Our modules are designed to be used by an instructor who knows and understands the subject. Intended to cover three hours of instruction, all can easily be condensed, or expanded into one or two day workshops. They are self-contained...or can be combined with other related modules to form a class (five three-hour modules comprise the 15-contact-hour college credit)...they can also be included within existing courses.

Our modules are field-tested and designed to be shared among WKCSC members. They are excellent building blocks to meet the needs of a changing and aging society.

We encourage other agencies to develop linkages and modules according to their own needs. We also are happy to provide whatever assistance we can, through our modules or sharing of experiences.

Joyce Hartmann
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WESTERN KANSAS COMMUNITY SERVICES CONSORTIUM

"RURAL G.E.M.: GERONTOLOGICAL EDUCATION MODULES"

Instructor-based modules:
products of a 1983-84 project directed by WKCSC;
with funding assistance by HHS/AoA.

DODGE CITY COMMUNITY COLLEGE

"Dealing with Death, Bereavement, Grief, and Mourning"	$3.50
(For both health care provider and the lay person)	
"Drugs and the Elderly"	$2.50
"Well-Being in Old Age"	$2.00
(Above 2 modules for people 65 and over)	

GARDEN CITY COMMUNITY COLLEGE

"Introduction to Home Care"	$5.00
"Keeping Your Loved One At Home"	
"Home Care of the Elderly with Chronic Illnesses"	
"Home Care of the Elderly with Cancer"	
(For family members, homemaker-home health aides, senior companions, and R.S.V.P. volunteers who provide in-home services)	

SEWARD COUNTY COMMUNITY COLLEGE

"Psychotropic Drug Therapy and the Older Adult"	$2.00
"Non-Pharmacological Intervention in Behavioral Disturbances of the Geriatric Client"	$2.00
"Cardiovascular Drugs in the Geriatric Client"	$2.00
"Overview of Pharmacokinetics in Gerontology"	$2.00
(For health service providers)	

HUTCHINSON COMMUNITY COLLEGE

"Physical and Psychological Changes of Your Aging Parent	$3.50
"Living Arrangements for Your Aging Parent"	$3.50
"Communicating with Your Aging Parent"	$3.50
"Community Resources for Your Aging Parent"	$3.50
(For sons and daughters of aging parents)	

Total price if you order all modules: $35.00. Please add $1.00 for postage and handling for 1 to 4 modules; add $2.00 if you order 5 or more modules. Module prices are based on secretarial and copying charges, at lowest possible costs in order to share with as many agencies as possible.

Make checks payable to WKCSC.

To order, send a copy of the above listing; circle the price of each module ordered. Enclose check, and mail to above address. Allow three weeks for delivery.

"THE ABC'S OF RURAL DELIVERY SYSTEMS"

by Joyce Hartmann
Executive Director
Western Kansas Community Services Consortium
1007 West 8th St., Pratt KS 67124

TYPES OF DELIVERY SYSTEMS

1. Centralized: "schoolhouse"; conferences
2. One-on-one; tutor to homes
3. Combination: outreach centers; satellites; circuit rider
4. Checking out home-study materials: libraries, stores, etc.
5. Involving everybody: train-the-trainer; volunteers; peers
6. "Goin' fishin'": newspapers, TV, radio
7. Grapevine: hookups by telephone, telenet, 2-way TV
8. Subliminal: art; photos; music; etc.
9. "Way-out" ideas often are successful: "Edu-ware"
10. Yours....?"Uncle Sam" needs you!

COMPONENTS OF SUCCESS

1. Involve a teacher, a warm human being.
2. Use combinations when one system won't work alone.
3. Be informal when possible.
4. Make the delivery convenient to the learner.
5. Think marketing, sales strategies, business corollaries.
6. Identify needs and target audience.
7. Be flexible, adaptable.
8. Identify (pay) a person to be responsible for $, results.
9. Use creativity, imagination.

Wilma L. Kelley
Hutchinson Community College
1300 North Plum
Hutchinson, KS 67501

PROGRAM DEVELOPMENT AND MARKETING STRATEGIES

Consortium community colleges have, during the grant-funding period, developed both credit-hour courses and non-credit programs. Which of these two directions each college more actively pursued was influenced by two factors:

1. Each team was alert and sensitive to the unique and diverse needs of the community in which their college setting exists.
2. A different funding system exists for each college. For some, administration emphasizes development of credit-hour courses for match-funding. For others, money exists for non-credit programs as well.

At Hutchinson Community College the team is attuned to the health-care community. A needs survey developed and mailed to hospitals, nursing homes, funeral homes, mental health facilities, departments and councils of aging, social service offices, home-health agencies and liscensed individuals had a 40% response.

In response to survey results, health-related and social orientation, gerontological courses were developed and offered with approval for C.E.U.'s from appropriate liscensing agencies. Most offerings have been 1/2 to 1 credit hour, conducted as 1-2 day workshops, and have been offered on-campus as well as outreach in our 3 1/2 county service area.

A community task force was developed early and continues to be the needs-surveillance tool which provides valuable direction in program development. This group consists of:

1. 2 Nursing Home Administrators
2. County Health Department Director
3. 2 County Department of Aging Directors
4. 2 Mental Health Social Workers
5. Social Rehabilitation Services Director
6. R.S.V.P. Director
7. Retired Superintendent of Schools
8. Elementary School Teacher
9. Home-Health Agency Director
10. Registered Nurse
11. Physician

Each volunteer member of the task force expresses to us the gerontological education needs of their community and we respond.

Wilma L. Kelley
Hutchinson Community College
1300 North Plum
Hutchinson, KS 67501

The same elements basic to general marketing, namely research, planning, execution and feedback are essential to the marketing of education. Research for our program is accomplished by the task force and needs surveys.

Planning and execution has had the following components:

1. development of an appealing brochure
2. monthly newsletter
3. target mailings
4. newspaper, TV and radio
5. faculty awareness

Feedback is provided through indepth evaluations of each course and/or program offering which identifies strengths and weaknesses. Research, program development, marketing and evaluation are constantly interrelated and thus provides an on-going self-sustaining impetus.

Future gerontological development by the consortium colleges is being stimulated by graduate level courses designed and offered by our consultant universities for the development of faculty on our campuses.

PRESENTATION EVALUATION

TITLE: _____

1. Overall, how would you rate this workshop? (Circle one)

EXCELLENT GOOD AVERAGE POOR

2. What information helped you the most professionally?

3. What was the major weakness of this session?

4. Resource persons were: (Circle one)

VERY WELL PREPARED PREPARED ADEQUATE POOR

5. Any other comments, things you'd like to share, programs you'd like to see in the future.....

6. Name, title, organization you represent, address, phone:

GERONTOLOGY COURSES
offered at the seven member community colleges
of the Western Kansas Community Services Consortium

Hutchinson Community College	General Catalog 1984-85	
PS 102 Human Growth and Development		3 credit hrs.
PS 104 Introduction to Gerontology		3 credit hrs.
PS 105 Death and Dying		3 credit hrs.
Dodge City Community College	General Catalog 1984-86	
AH 210 Introduction to Gerontology: A Multidisciplinary View		3 credit hrs.
GERO 201 Nutritional Gerontology		3 credit hrs.
PSY 102 Human Growth and Development		3 credit hrs.
Hutchinson Community College	General Catalog 1985-86	
RE 105 Death and Dying		3 credit hrs.
PS 102 Human Growth and Development		3 credit hrs.
PS 104 Introduction to Gerontology		3 credit hrs.
PS 105 Realities in Aging		1 credit hrs.
TR 133 Medications and the Older Adult		1 credit hrs.
Garden City Community College	General Catalog 1985-87	
Basics of Home Health Care 150-063		3 credit hrs.
Introduction to Gerontology 265-273		3 credit hrs.
Paraprofessional Health-Team Seminar 150-061		1/2, 1, 2, 3, hr.
Seward County Community College	General Catalog 1983-85	
BH 0213 Human Growth and Development		3 credit hrs.
BH 0261 Death and Dying		1 credit hrs.
NR 0131 Gerontological Nursing		1 credit hrs.
NR 0121 Gerontological Nursing Lab		1 hrs. credit
Pratt Community College	General Catalog 1984-86	
EDU 132 Human Growth and Development		3 credit hrs.
Colby Community College	General Catalog 1985-87	
PT 40 Gerontology		2 credit hrs.
AL 33 Effective Exercise for the Aged		.5 credit hrs.
SO 40 Gerontology and Services for the Elderly		1-3 credit hrs.
SO 212 Drugs and the Elderly		1 credit hrs.
PS 40 Gerontology		2 credit hrs.
PS 25 Death and Dying		1 credit hrs.
SO 210 Grief Process		.5 credit hrs.
SO 26 Preretirement Planning Seminar		2 credit hrs.
SO 211 Interdisciplinary Care Planning for Adult Restorative Services		1 credit hrs.
SO 213 Pharmacology for the Elderly		.5 credit hrs.
SO 215 Effective Communications with Older Americans		.5 credit hrs.
BU 62 Retirement Planning-Life Underwriters		3 credit hrs.

CERTIFICATE COURSES

Hutchinson community College	General Catalog 1984-85	
TR 131 Geriatric aide		2-5 credit hrs.
TR 132 Medication Aide		3 credit hrs.
Dodge City Community College	General Catalog 1984-86	
Gero. 103 Nurses Aide in Geriatrics		2 credit hrs.
Gero. 105 Medication Aide		4 credit hrs.
Hutchinson Community College	General Catalog 1985-86	
TR 131 Geriatric Aide		2-5 credit hrs.
TR 132 Medication Aide		3 credit hrs.
Garden City Community College	General Catalog 1983-85	
Geriatric Care Assistant 150-053		3 credit hrs.
Nursing Home Medication Aide 150-033		3 credit hrs.
Nurse Aide-Geriatric Aide 150-045		5 credit hrs.
Garden City Community College	General Catalog 1985-87	
Geriatric Care Assistant 150-053		3 credit hrs.
Nursing Home Medication Aide 150-033		3 credit hrs.
Nurse Aide-Geriatric Aide 150-045		5 credit hrs.
Seward County Community College	General Catalog 1983-85	
Pratt Community College	General Catalog 1984-86	
HOC 102 Nurse Aide I		1 or 5 credit hrs.
Colby Community College	General Catalog 1985-87	
AL 4 Nurse Aide		3 credit hrs.
AL 10 Medication Aide		3 credit hrs.
AL 16 Rehabilitative Aide		3 credit hrs.
AL 32 Geriatric Aide		5 credit hrs.
AL 35 Restorative Aide		2 credit hrs.
Cloud County Community College	General Catalog 1983-85	
AH 152 Restorative Aide Training for the Nursing Home		2 credit hrs.
AH 161 Geriatric Aide		5 credit hrs.
AH 162 Medication Aide		4 credit hrs.

COURSES POTENTIALLY RELEVANT FOR LONG TERM CARE ADMINISTRATION

Hutchinson Community College
General Catalog 1985-86

TR 133	Medications and the Older Adult	1 credit hrs.
BA 201	Managerial Accounting	3 credit hrs.
BA 211	Management Concepts	3 credit hrs.
BA 132	Legal Aspects of business oganizations	3 credit hrs.
BA 135	Wills, Estates and Trusts	3 credit hrs.
HE 201	Meal Management	3 credit hrs.
HE 202	Nutrition	3 credit hrs.
PE 105	Personal and Community Health	3 credit hrs.
PE 106	First Aid and CPR	2 credit hrs.
PE 109	Cardiac Care	1 credit hrs.
BO 110	Records Management	2 credit hrs.
BO 111	Business Comunications	3 credit hrs.
DE 201	Principles of Supervision	3 credit hrs.
DE 204	Small Business Management	3 credit hrs.
MR 110	health Recores in Long TermCare	3 credit hrs.
MR 210	Legal Aspects of Health Information	2 credit hrs.
BC 203	Building Codes and Specifications	2 credit hrs.
GO 101	State and Local Government	3 credit hrs.

Possible courses from the Associate Degree in Nursing

Colby Community College
General Catalog 1985-87

AL 33	Effective Exercise for the Aged	.5 credit hrs.
SO 211	Interdisciplinary Care Planning for Adult Restorative Services	1 credit hrs.
SO 212	Drugs and the Elderly	1 credit hrs.
SO 213	Pharmacology for the Elderly	.5 credit hrs.
SO 215	Effective Communications with Older Americans	.5 credit hrs.
HE 1	Basic Nutrition	3 credit hrs.
HE 2	Meal Management	3 credit hrs.
HE 28	Sanitation Practices in Food Service	1-2 credit hrs.
PT 40	Gerontology	2 credit hrs.
AL 2	Introduction to Coronary Care	2 credit hrs.
AL 30	Environmental Control Systems in Health Care Facilities	1 credit hrs.
AL 40	Cardiopulmonary Resuscitation	.5 credit hrs.
HI 5	State and Local Government	3 credit hrs.
BU 4	Principles of Accounting I	3 credit hrs.
SS 8	Business Communications	3 credit hrs.
SS 49	Office Management	3 credit hrs.

Possible courses from the Associate of Applied Science, Practical Nursing

Rural AGE Courses - Spring 1984

Community College	Course Name	Instructor
Colby	Gerontology and Services for the Elderly	Ruth Borthwick
Dodge City	Introduction to Gerontology*	Anita Ness
Garden City	The Basics of Home Health Care	Kathy Schneider
	Introduction to Gerontology	Sarah Osborn
Hutchinson	Introduction to Gerontology	Wilma Kelley and Lois Churchill
	Basics of Home Health Care	Wilma Kelley
Pratt	Death and Dying	Ken Clouse
	Self-Esteem and Aging**	
	Introduction to Gerontology	Becky Harrel
Seward	Myths and Realities of Aging	Helen Sloan

* planned for fall 1984
** planned for June 1984

Mailed to WKCS- mailing list

Fall '84

NOTES FROM SHARING SESSION
RURAL AGE AND RURAL GEM
ACTIVITIES FOR 1983 - 1984

PRATT COMMUNITY COLLEGE:
Have taught four new courses: Introduction to Gerontology
The Later Years
Intergenerational Communications Workshop (modules from this)
Fitness for Older Americans Health Training Workshop
Pre-retirement planning did not materialize.

DODGE CITY COMMUNITY COLLEGE:
Taught Introduction to Gerontology: 4 enrolled; dealt with sociological, physical, psychological aspects...marketing may have been a problem...mostly older people took the course.

Rural GEM modules will be offered Sept. 21 and 26, 6 hours each day....Fitness and Wellness, concentrating on Drugs and Aging, and Death and Dying...Anita Ness is working on these; some are geared to health providers.

SEWARD COUNTY COMMUNITY COLLEGE:
Taught Myths and Realities of Aging, a 1-credit-hour course, cf. to a short Intro. to Ger. It was designed to meet the needs of the community, presented in 6 evenings for 2 to 3 hours a night. Helen Sloan was coordinator, got speakers, some doctors, nurses...began with a simulation game "Into Aging"...very effective and recommended...illustrates graphically the losses of old age in health and self-esteem. 17 enrolled, mostly social workers, nurses...ministers didn't come even though they were a target audience. (Suggestions from audience: ministers need continuing education...offer topics such as the role of religion in aging.) They ended the course with a skit.
Rural GEM modules were:
Pharmacokinetics in Aging
Cardiovascular Drugs in Elderly
Psychotropic Medications
Behavior Mgt. in the Elderly
They used Jim Matney from WSU for pharmacokinetics instructor; highly recommended for his knowledge. Generally the module content is too much for the time allowed.

HUTCHINSON COMMUNITY COLLEGE:
Rural AGE: Lois Churchill and Wilma Kelley team-taught Introduction to Gerontology. They did not recommend the book Later Life as a text. They had 26 enrollees the first time, all professionals. The 2nd time had 8 people. They used the same logo for all publicity. Most effective marketing were brochures and newspaper...but also used faculty handouts and invitations, early morning TV, radio, etc.

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Hutchinson, continued:

Rural GEM: "You and Your Aging Parent", $5/night, 4 workshops Modules were distributed; third module, correct title should read "Community Resources for Your Aging Parent".

Marketing included posters with brochures beneath.

Confidentiality is very important; students will open up, and the discussion is very good and therapeutic. Ground rules are important; a sensitivity and respect for individuals within the class is essential. Also recommended are evaluations for each session, including the Intro. course. A common thread among evaluations: all said they benefited from the group interaction.

Future plans: October, "Medications and the Older Adult".

GARDEN CITY COMMUNITY COLLEGE:
They offered Intro. to Ger....the evening session did not go, but the daytime session did. Esssentially there was no advertising; class is small. They will advertise more next semester. They have mostly nursing students. As the college is three blocks from a nursing home, students go to center one day a week, about half the time; the other half is spent at an apartment complex with older people. They use no guest speakers, lots of AVs. St. Mary's of the Plains will be offering a Jr.Sr. course....WKCSC audience reaction was that it was excellent to have students working directly with the elderly.

Rural GEM: Modules were distributed. Home Health Care: will be presented Oct. 9 and 10, two afternoon 1 to 5 p.m. at the Senior Center. Advertising plans are to bombard community with brochures. Biggest difficulty found in modules is too much content for time allowed. They plan to use speakers from the community for their module presentations.

Introduction to Home Care
Home Care of the Elderly with Chronic Illness
Home Care of the Cancer Patient
Keeping Your Loved One At Home

Differences in students make differences in class approach: daytime sessions have no background; evening sessio ns include mostly very experienced students. It was mentioned that videotapes of some classes could be a valuable tool. (But not during discussion...confidentiality maintained.)

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CLOUD COUNTY COMMUNITY COLLEGE:
They were not a part of GEM or AGE last year, but are a provider of continuing education for nurses. They present such courses as Social Gerontology (3 cr. hr.); Reality Orientation (1 hr.); Death and Dying (1 hr.); and Medications and the Elderly (1 hr.). Aging courses are popular among nurses and are well attended. Especially successful is their 1-hr. course in Gerontological Assessment, which averages 30+ people...deals with physical assessment. Last time there was not a nurse in the class; they're moving into home health care...also have done modules on Oncology, Diabetes, Communications with Confused Elderly; Ethics, Values, and Health Care (decision-making for elderly clients); Fitness for Life (by certified instructors using Teresa Young's method) in Senior Centers; and plan to offer courses in computers in senior centers, an answer to requests for something new and different...also Sexuality...Anyone over 55 gets reduced tuition rates....

COLBY COMMUNITY COLLEGE:
They have taught Intro. to Ger. with Larry Koon since mid-70's....always successful...reputation of teacher is an important factor in drawing students...

Rural AGE: Offered a course in home health; developed with county health nurse, took it to the senior centers, where Ruth Borthwick ate a meal with them, explained her plans, produced sign-up sheets, posters, and ads in newspaper.... offered the course in three sites. The most she had was 15 students...training In Home Companion Volunteer People... seniors, by chance, are becoming volunteers in this area...

Rural GEM: Their pilot project was an aging conference, highly successful, for the elderly. They plan to offer this again next year. They offered 12 topics, 6 each day, concurrent sessions...51 people attended.

In teaching classes where the instructor is young and the students are old, discussion methods are recommended because the students have much experience that they can share about aging.

Legal implications: volunteers have liability coverage through CCC's insurance plan...county health dept. places them...

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NAME _____

ADDRESS_____

_____ _____

PHONE_____

OCCUPATION_____ _____

AGENCY_____

WORK WITH ELDERLY (Describe)_____

_____

_____

Potential Training Offered	Indicate Importance of Each Need (circle one)	Purpose of Training (check one) Improved Job Performance	Career Devlpmt
1. Physical change and aging	5 4 3 2 1		
2. Health and aging	5 4 3 2 1		
3. Nutrition for the elderly	5 4 3 2 1		
4. Hearing problems and the elderly	5 4 3 2 1		
5. Drug use by the elderly	5 4 3 2 1		
6. Alcohol use by the elderly	5 4 3 2 1		
7. Psychological change in aging	5 4 3 2 1		
8. Mental health in aging	5 4 3 2 1		
9. Sexuality in aging	5 4 3 2 1		
10. Counseling the terminally ill	5 4 3 2 1		
11. Counseling for loss and bereavement	5 4 3 2 1		
12. Social aspects of aging	5 4 3 2 1		
13. Personal biases toward the elderly	5 4 3 2 1		
14. Theories of the aging process	5 4 3 2 1		
15. Cultural perspectives on aging	5 4 3 2 1		
16. Family life and the elderly	5 4 3 2 1		
17. Housing needs of the elderly	5 4 3 2 1		
18. Institutional care of the elderly	5 4 3 2 1		
19. The economics of aging	5 4 3 2 1		
20. Population trends of the elderly	5 4 3 2 1		
21. Research in aging	5 4 3 2 1		
22. Consumer protection for the elderly	5 4 3 2 1		

23.	Legal problems of the elderly	5 4 3 2 1
24.	Legal services for the elderaly	5 4 3 2 1
25.	Crime victimization of the elderly	5 4 3 2 1
26.	Crime prevention and the elderly	5 4 3 2 1
27.	The elderly as perpetrators of crime	5 4 3 2 1
28.	Intergenerational Communication	5 4 3 2 1
29.	Update on legislation affecting the elderly	5 4 3 2 1
30.	Elerly Exercises (Aerobics)	5 4 3 2 1
31.	Social and Community Services for the aged.	5 4 3 2 1
32.	Educational oportunities for the aged.	5 4 3 2 1
33.	Certification workshops for Social Services Directors in Long-term care facilities.	5 4 3 2 1
34.	Certification workshops for Rehabilitation aides in Long-term care facilities.	5 4 3 2 1
35.	Up date courses on Medications for C.M.A.'s.	5 4 3 2 1
36.	"Lifestyle of Wellness" work-shop for aged.	5 4 3 2 1

A. How much time would you be willing to commmit to a short-term training workshop?

( ) 1. 1-3 days (8-24 hours)
( ) 2. 3-5 days (24-40 hours)
( ) 3. Other: _____

B. What format would you prefer for short-term workshops?

( ) 1. Consecutive half-day sessions
( ) 2. Consecutive full-day sessions
( ) 3. A full day a week for several weeks
( ) 4. Other: _____

C. Would you prefer to attend training sessions:

( ) 1. During working hours
( ) 2. On weekends
( ) 3. In the evening
( ) 4. Other: _____

D. What is the maximum distance you would be willing to travel to a short-term training session?

( ) 1. In your office
( ) 2. In your own town
( ) 3. 20 miles
( ) 4. 50 miles
( ) 5. 100 miles
( ) 6. Distance doesn't matter as long as I'm reimbursed for travel expenses.

E. What format would you prefer for long-term training courses?

( ) 1. One or two days a week over a period of several months
( ) 2. Consecutive full-day sessions for several weeks
( ) 3. Consecutive half-day sessions over a period of several weeks
( ) 4. Other: _____

F. Would you prefer to attend training sessions:

( ) 1. During regular working hours only
( ) 2. On weekends only
( ) 3. In the evening only
( ) 4. Other: _____

G. What is the maximum distance you would be willing to travel to a long-term training session?

( ) 1. In you office
( ) 2. In your own town
( ) 3. 20 miles
( ) 4. 50 miles
( ) 5. 100 miles
( ) 6. Distance doesn't matter as long as I'm reimbursed for travel expenses

H. Do you need CEU's for professional re-licensure? If so, what is the name of your licensing agency?

PROGRAM DEVELOPMENT

Credit VS Non-Credit

I Intro. To Gerontology

II Needs Survey

III You & Your Aging Parent

IV Task Force

MARKETING STRATEGIES

I Research

II Planning & Execution

III Feedback

FUTURE DEVELOPMENT

I Faculty Development

II Gerontology Certificate

III Center For Aging